

# Complex trauma

Tim Hannan FAPS

# Traumatic events

natural disaster

motor vehicle accident

dog bite

robbery

violence

# Traumatic stress

re-experiencing of the event

hyperarousal

avoidance

# Incidence

	Preschool	Middle	Adolescent	All
Re-experiencing	< 89%	92%	< 64%	88%
Avoidance	< 30%	30%	< 36%	46%
Arousal	< 27%	55%	< 32%	66%
DSM-IV	39%	33%	27%	36%

# Multiple/chronic/complex events

natural disaster

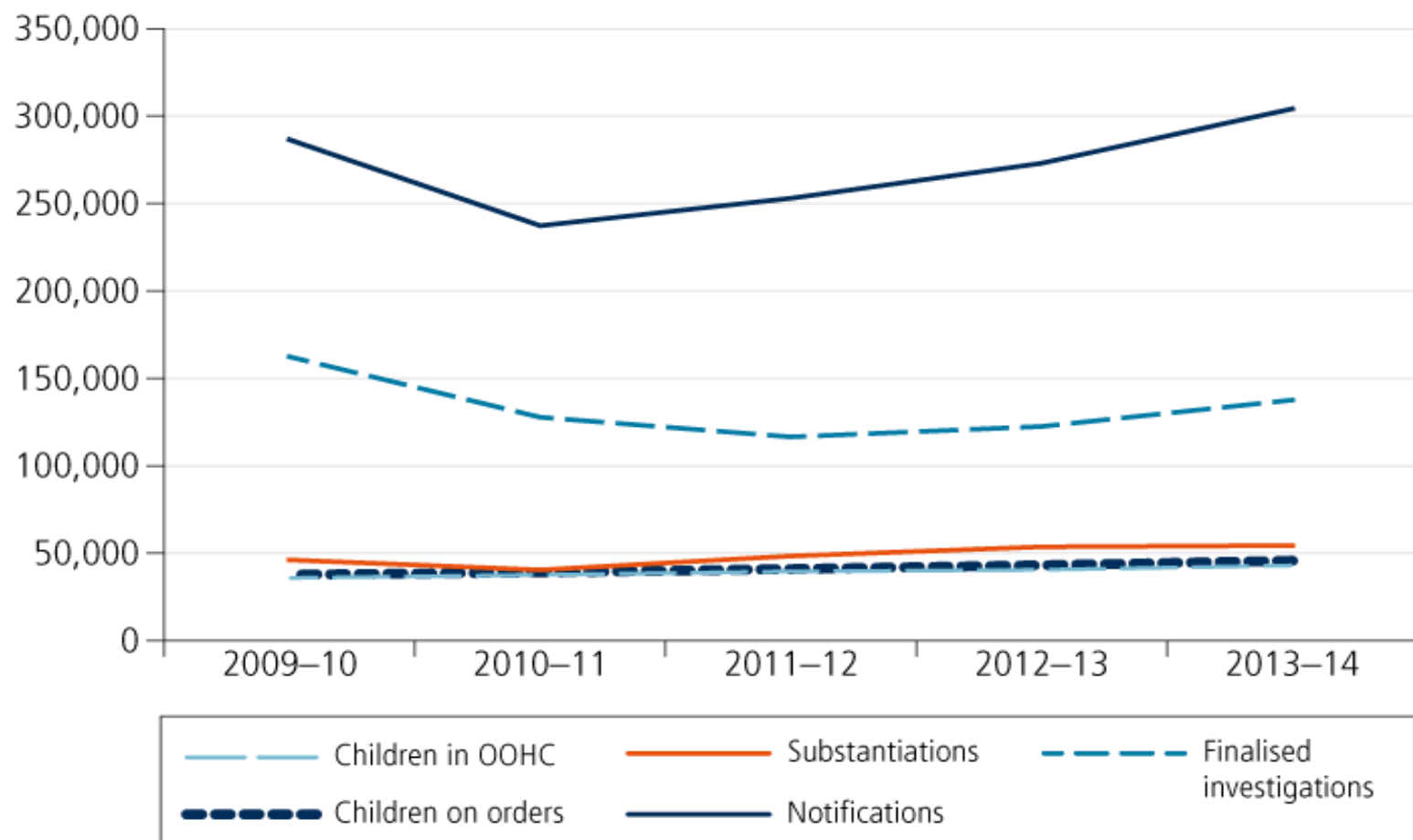
contracting serious (life-threatening) illness

exposure to (or victim of) violence in home, school  
or community (> terrorism)

child abuse and neglect

“deficient caregiving” / “intergenerational”

# Notifications and outcomes, 2009-14



# Outcome

“typical” posttraumatic symptoms

emotional – anxiety, depression, suicidality,  
dissociation

behavioural – self-harm, aggression, conduct,  
avoidance, risky behaviour (sexual), eating  
disorders, substance use

cognitive – self-concept, hopelessness, helplessness

interpersonal problems

personality problems

# Diagnoses

## PTSD

complex PTSD

attachment disorder

attachment trauma

relational trauma

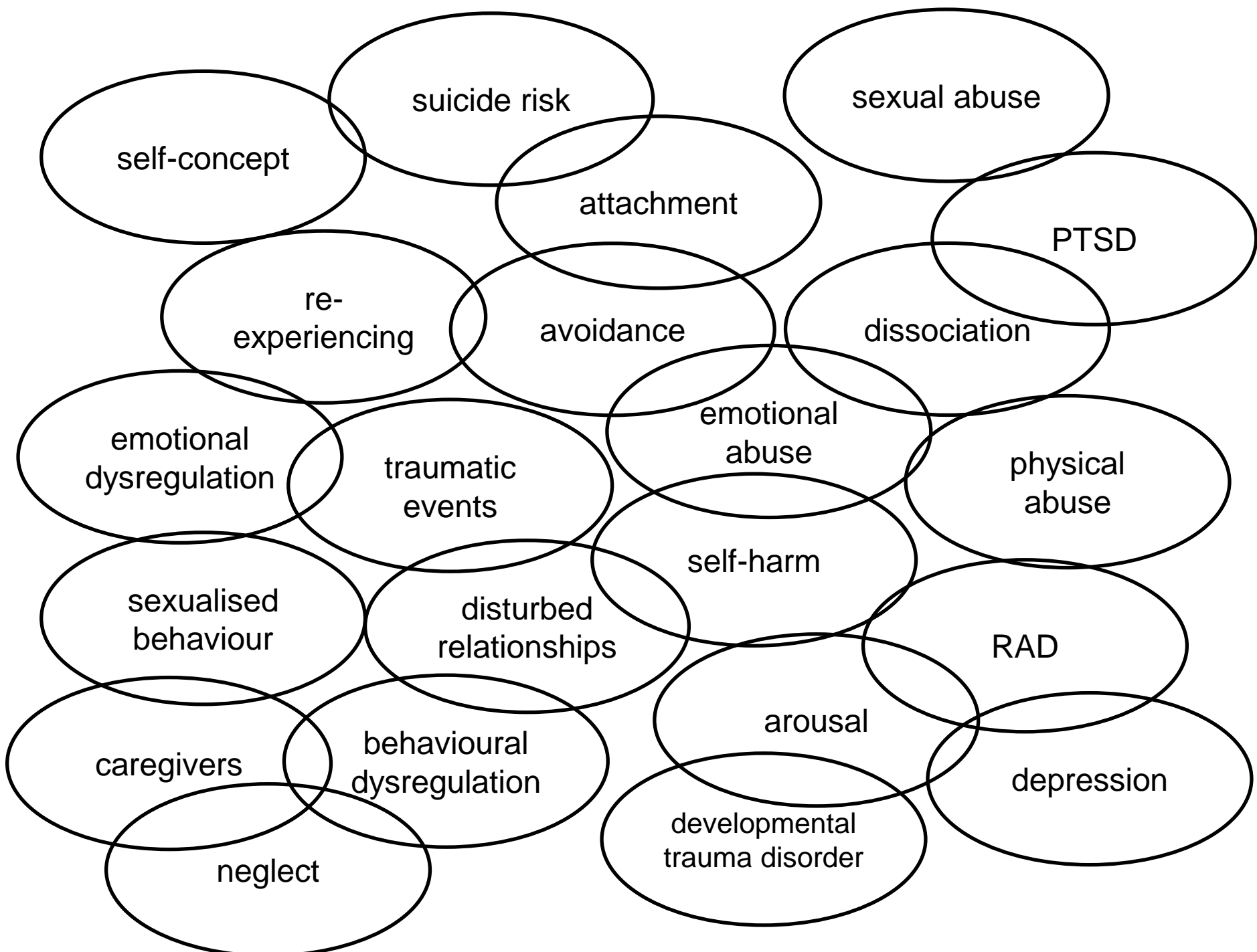
reactive attachment disorder

disorders of extreme stress / DESNOS

developmental trauma

developmental trauma disorder





“the term “complex trauma” describes the dual problem of children’s exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes.”

Cook et al (2003)

“the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (eg, sexual or physical abuse, war, community violence) and early-life onset”

van der Kolk (2005)

# Trauma

	Simple	Complex
nature	not interpersonal	interpersonal
event	single	multiple
duration	shorter	longer
onset	later age	earlier age
support	present	absent/limited
attachment	secure	insecure



Symptoms

# Domains

attachment

biology

affect regulation

dissociation

behavioural control

cognition

self-concept

# Attachment

Uncertainty about the reliability and predictability of the world

Problems with boundaries

Distrust and suspiciousness

Social isolation

Interpersonal difficulties

Difficulty attuning to other people's emotional states

Difficulty with perspective taking

Difficulty enlisting other people as allies

# Biology

Sensorimotor developmental problems

Hypersensitivity to physical contact

Analgesia

Problems with coordination, balance, body tone

Difficulties localizing skin contact

Somatization

Increased medical problems across a wide span,

- e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures



# Affect regulation

Difficulty with emotional self-regulation

Difficulty describing feelings and internal experience

Problems knowing and describing internal states

Difficulty communicating wishes and desires

# Dissociation

Distinct alterations in states of consciousness

Amnesia

Depersonalization and derealization

Two or more distinct states of consciousness, with impaired memory for state-based events

# Behavioural control

Poor modulation of impulses

Self-destructive behaviour

Aggression against others

Pathological self-soothing behaviours

Sleep disturbances

Eating disorders

Substance abuse

Excessive compliance

Oppositional behaviour

Difficulty understanding and complying with rules

Communication of traumatic past by re-enactment in day-to-day behaviour or play (sexual, aggressive, etc.)

# Cognition

Difficulties in attention regulation and executive functioning

Lack of sustained curiosity

Problems with processing novel information

Problems focusing on and completing tasks

Problems with object constancy

Difficulty planning and anticipating

Problems understanding own contribution to what happens to them

Learning difficulties

Problems with language development

Problems with orientation in time and space

Acoustic and visual perceptual problems

Impaired comprehension of complex visual-spatial patterns

# Self-concept

Lack of a continuous, predictable sense of self

Poor sense of separateness

Disturbances of body image

Low self-esteem

Shame and guilt

Diagnostic considerations

# Trauma- and Stressor-Related Disorders

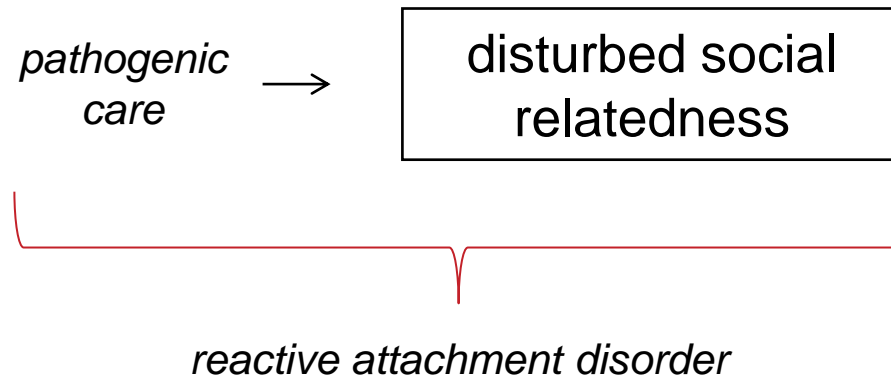
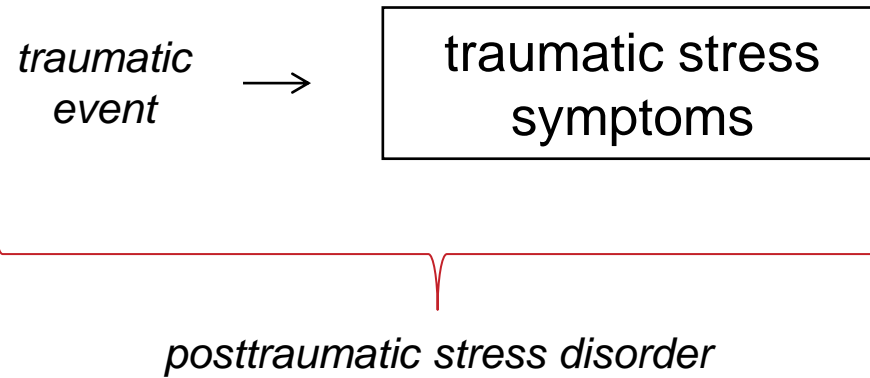
posttraumatic stress disorder

acute stress disorder

reactive attachment disorder

disinhibited social engagement disorder

adjustment disorders





# Types of RAD

	Inhibited/withdrawn	Disinhibited/social
aetiology	social deprivation & neglect	social deprivation & neglect
maltreated children	often occurs	often occurs
institutionalised children	sometimes in young	sometimes in young
adopted from institutions	not present	sometimes in young
interactions with adults	limited, passively acquiescent	overt with familiar and unfamiliar
quality of care	strongly related	not strongly related
internalising symptoms	moderate convergence	no relationship
externalising symptoms	no relationship	moderate convergence
response to treatment	responsive to enhanced caregiving	less responsive to enhanced caregiving

# Anxiety disorders

separation anxiety disorder

selective mutism

specific phobia

social anxiety disorder

panic disorder

agoraphobia

generalised anxiety disorder

# Depressive disorders

disruptive mood dysregulation disorder

major depressive disorder

persistent depressive disorder (dysthymia)

# Bipolar and related disorders

bipolar I disorder

bipolar II disorder

cyclothymic disorder

# Personality disorders

borderline personality disorder

~ 75% have trauma history

# Dissociative disorders

dissociative identity disorder

dissociative amnesia

depersonalisation/derealisation disorder

“Developmental trauma disorder”

National Child Traumatic Stress Network (2009)

## A. Exposure

The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:

1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
2. Significant disruptions of protective caregiving as a result of repeated changes in primary caregiver, repeated separation from the primary caregiver, or exposure to severe and persistent emotional abuse.



## B. Affective and physiological dysregulation

The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:

1. Inability to modulate, tolerate, or recover from extreme affect states (e.g. fear, anger, shame), including prolonged and extreme tantrums, or immobilization,
2. Disturbances in regulation of bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions),
3. Diminished awareness/dissociation of sensations, emotions, and bodily states
4. Impaired capacity to describe emotions or bodily states.

## C. Attentional and behavioral dysregulation

The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:

1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues,
2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking,

3. Maladaptive attempts at self-soothing (e.g. rocking and other rhythmical movements, compulsive masturbation),
4. Habitual (intentional or automatic) or reactive self-harm, and/or
5. Inability to initiate or sustain goal-directed behavior.

## D. Self and relational deregulation

The child exhibits impaired normative developmental competencies in his/her sense of personal identity and involvement in relationships, including at least three of the following:

1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious care giving) or difficulty tolerating reunion with them after separation,
2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness,
3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers,

4. Reactive physical or verbal aggression toward peers, caregivers, or other adults,
5. Inappropriate (excessive or promiscuous) attempts to achieve intimate contact (including but not limited to sexual or physical intimacy), or excessive reliance on peers or adults for safety and reassurance, and/or
6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others.

## E. Post-traumatic spectrum symptoms

The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, and D.

## F. Duration of disturbance

Persistence of symptoms in criteria B, C, D, and E for at least 6 months.

## G. Functional impairment

The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning:

1. Scholastic: under-performance, non-attendance, disciplinary problems, drop-out, failure to complete degree/credential(s), conflict with school personnel, learning disabilities, or intellectual impairment that cannot be accounted for by neurological or other factors,
2. Familial: conflict, avoidance/passivity, running away, detachment and surrogate replacements, attempts to physically or emotionally hurt family members, non-fulfillment of responsibilities within the family,



3. Peer group: isolation, deviant affiliations, persistent physical or emotional conflict, avoidance/passivity, involvement in violence or unsafe acts, age-inappropriate affiliations or style of interaction,
4. Legal: arrests/recidivism, detention, convictions, incarceration, violation of probation or other court orders, increasingly severe offenses, crimes against other persons, disregard or contempt for the law or for conventional moral standards, and/or
5. Health: physical illness or problems that cannot be fully accounted for, physical injury or degeneration, involving the digestive, neurological (including conversion symptoms and analgesia), sexual, immune, cardiopulmonary, proprioceptive, or sensory systems, severe headache (including migraine), or chronic pain or fatigue.

# Theories and models

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attachment (Bowlby)

cognitive-behavioural (Cohen)

self trauma (Briere)

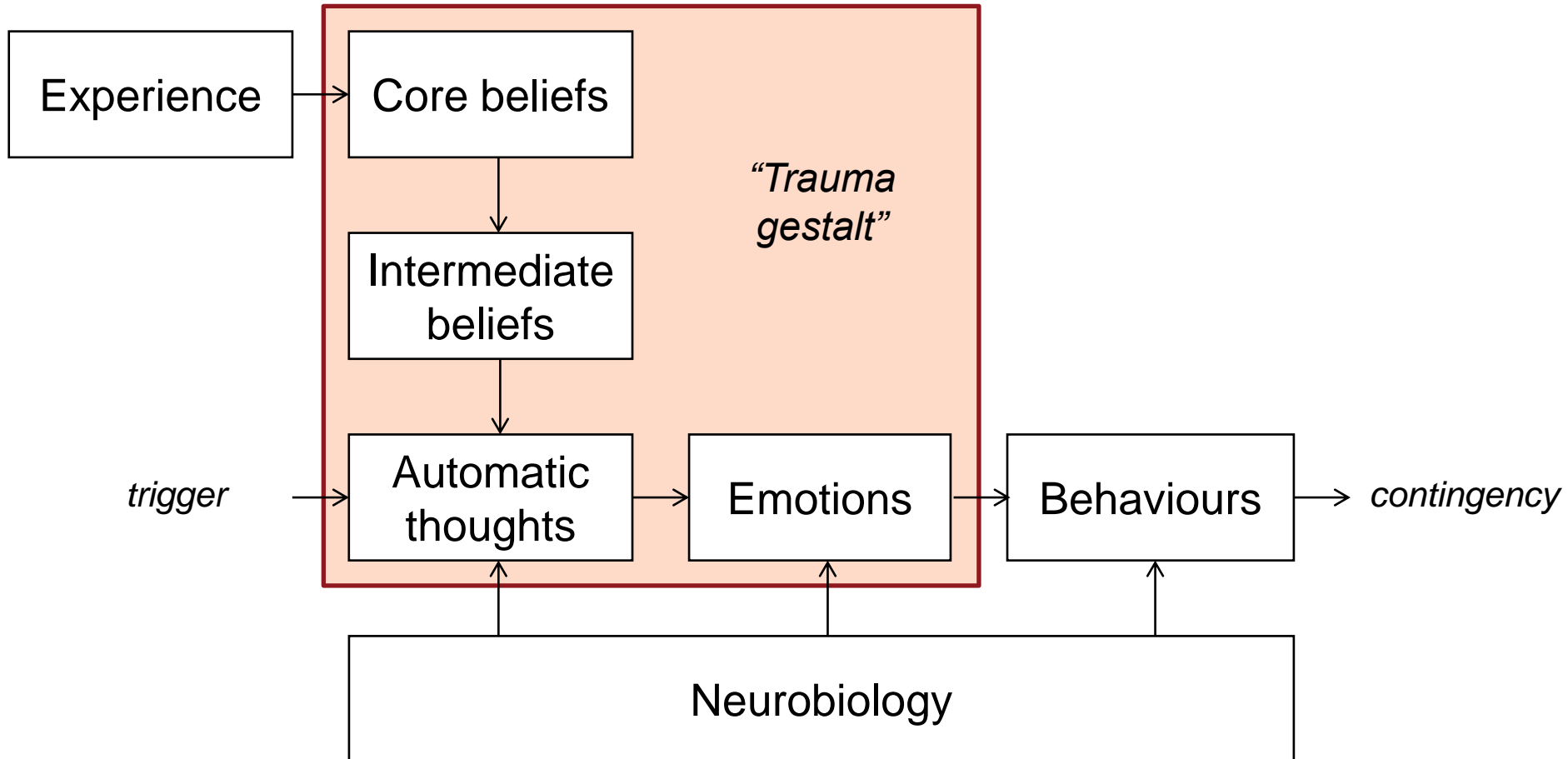
complex trauma (Ford)

trauma systems (Saxe)

*pathogenic  
care*



disturbed social  
relatedness



# Trauma systems theory

emphasises social / environmental factors, viewing the child as part of a “trauma system”

# Theories and models

attachment (Bowlby)

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self trauma (Briere)

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trauma systems (Saxe)

Predisposing factors

Precipitating factors

Presenting problems

Perpetuating  
factors

Prognostic  
factors



Predisposing factors

Precipitating factors

Presenting problems

Interventions

Perpetuating  
factors

Prognostic  
factors

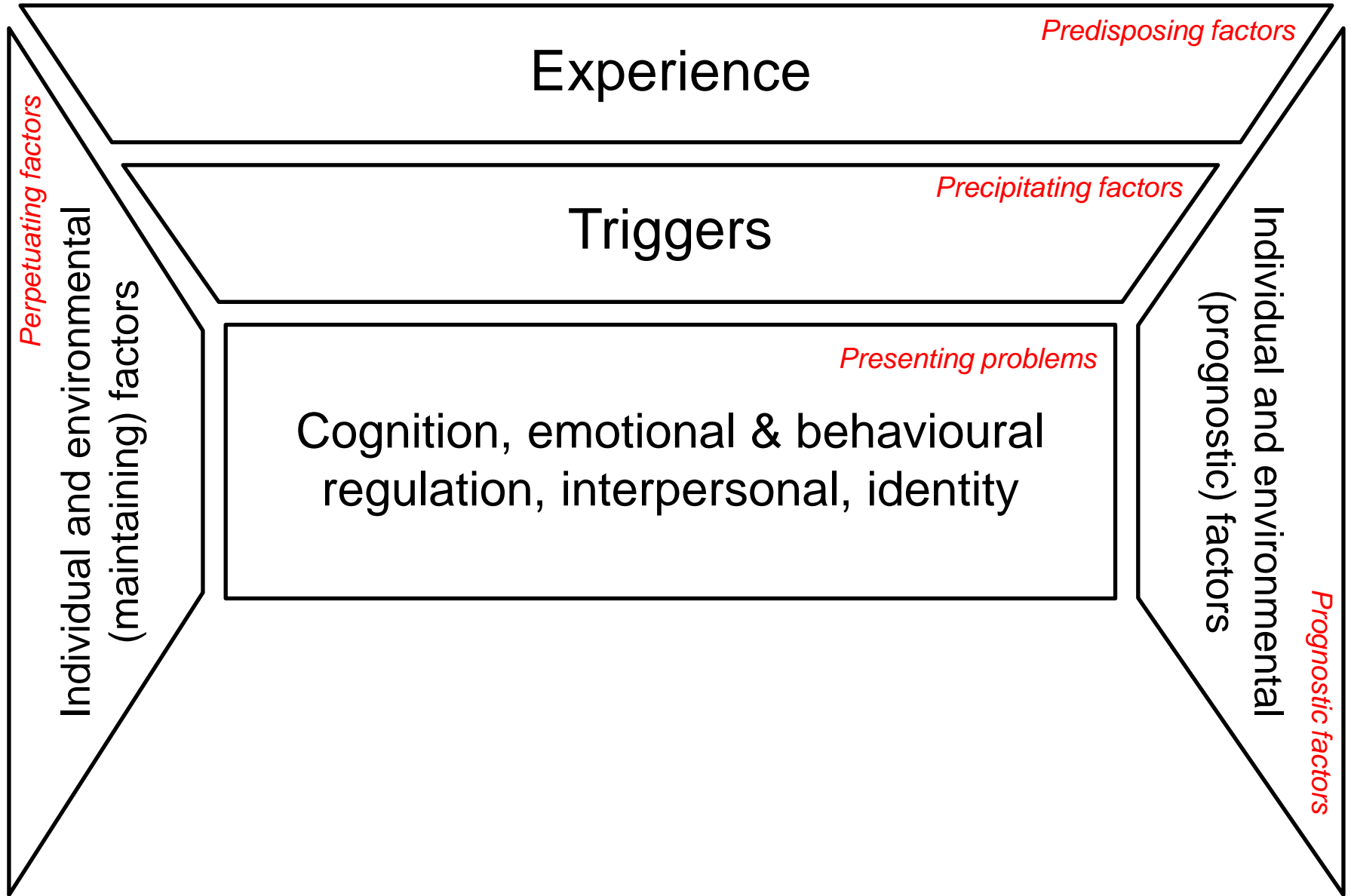


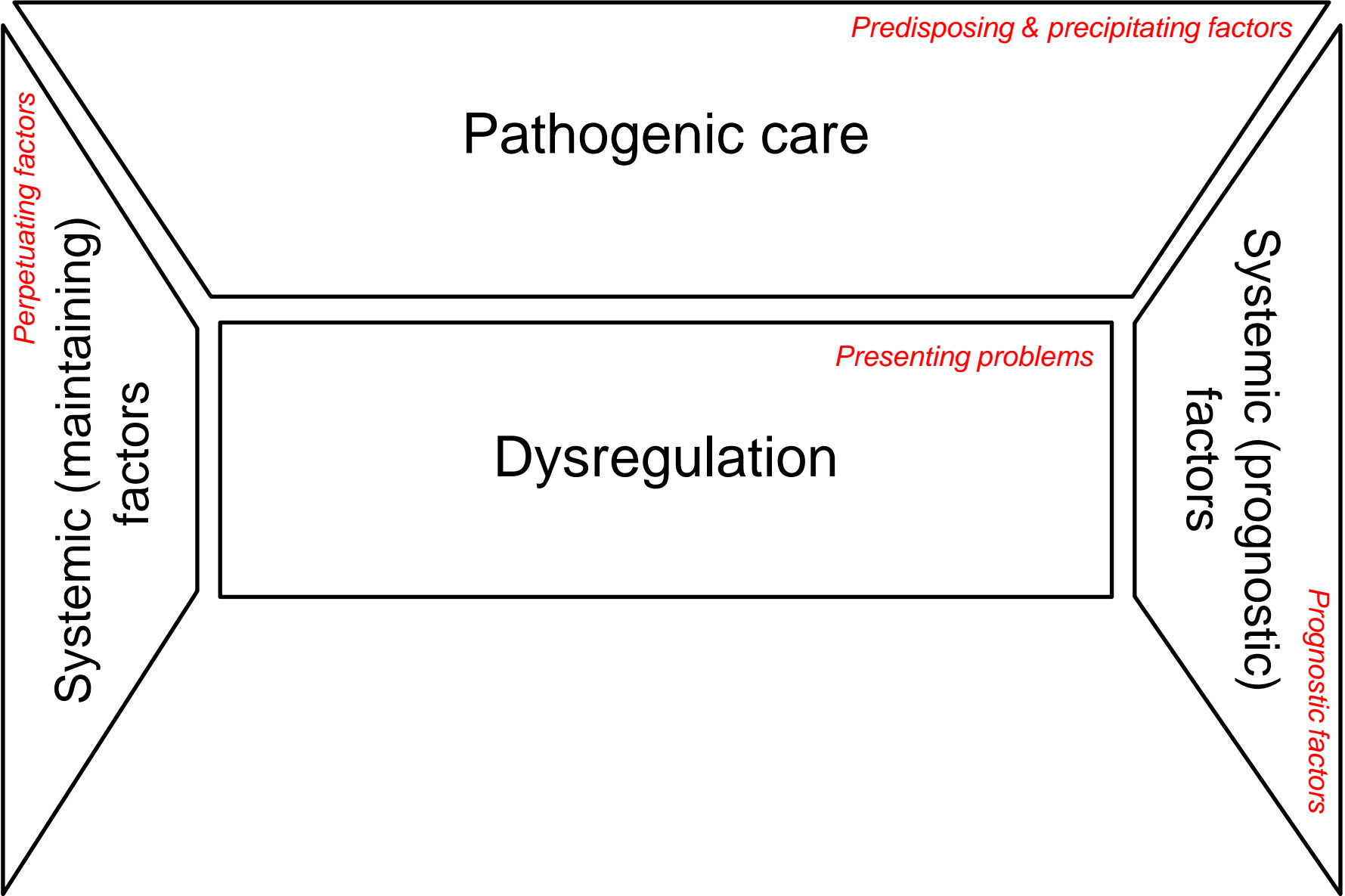
*Predisposing & precipitating factors*

Pathogenic care

*Presenting problems*

Disturbed social relatedness





# Summary

diverse models

but generally same elements, perhaps with  
different emphases

each model prompts interventions which differ in  
either components or focus



# Interventions

# Treatment models

Trauma-Focussed CBT (TF-CBT)

Integrative Treatment for Complex Trauma (ICTC)

Dialectical Behavior Therapy (DBT)

Trauma Affect Regulation (TARGET)

Structured Psychotherapy for Adolescents Responding  
to Chronic Stress (SPARCS)

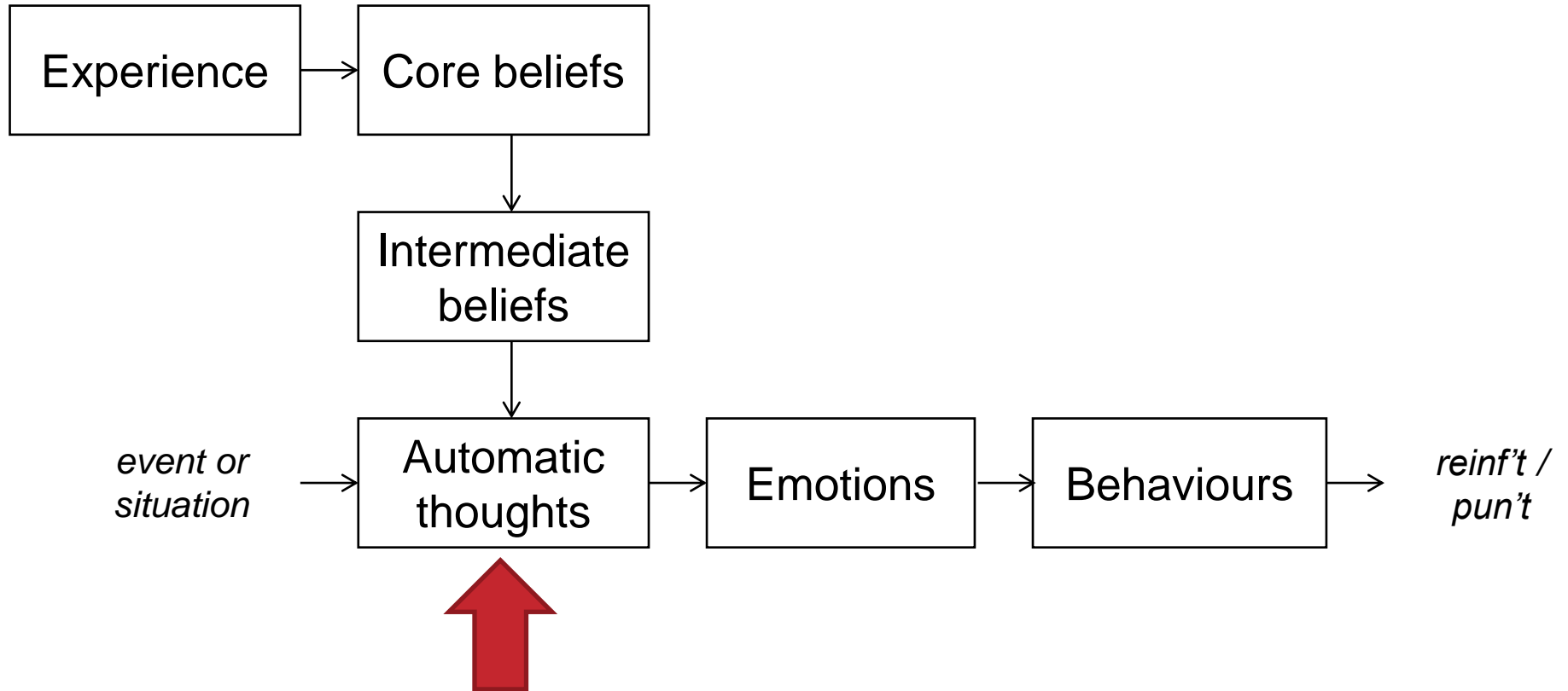
Attachment, Self-Regulation and Competency (ARC)

Trauma Systems Therapy (TST)

# TF-CBT

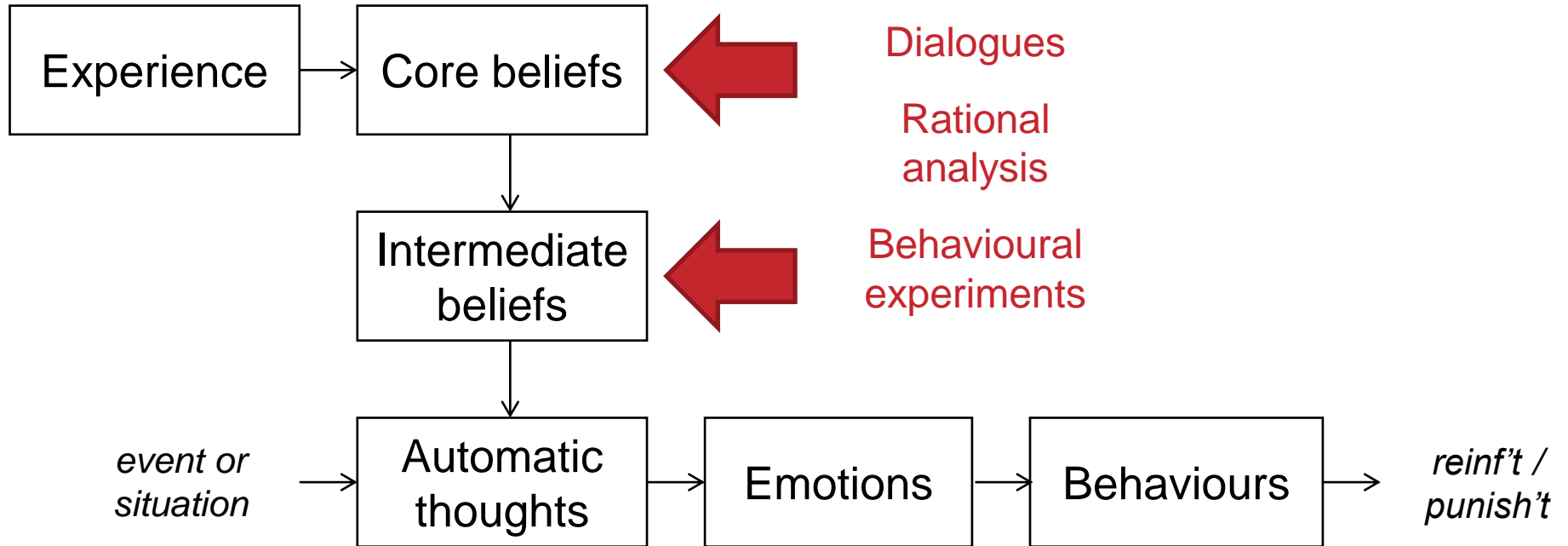
psychoeducation  
anxiety reduction  
cognitive therapy  
exposure  
relapse prevention





Thought challenging

Self instruction



# ITCT

the therapeutic relationship  
safety interventions  
psychoeducation  
emotional regulation  
cognitive interventions  
    (cognitive processing)  
    trigger identification  
exposure  
(relational processing)  
identity  
family / caretaker interventions  
group

# Trauma systems therapy

1. engagement
2. stabilisation
3. advocacy
4. psychopharmacology
5. emotion regulation
6. cognitive processing
7. meaning making

TF-CBT	ITCT	TST
relationship/engagement	therapeutic relationship	engagement
safety interventions	safety interventions	stabilization
	advocacy and systems intervention	advocacy
		psychopharmacology
psychoeducation	psychoeducation	
parenting/caregiver skills		
emotional regulation	emotional regulation	emotional regulation
cognitive processing	cognitive processing	cognitive processing
trauma narrative / exposure	exposure	
	relational processing	
	identity	meaning making
family/caregiver interventions	family/caregiver interventions	

Predisposing factors

Precipitating factors

Presenting problems

Interventions

Perpetuating  
factors

Prognostic  
factors





Future directions

In 2013-14, Aboriginal and Torres Strait Islander children were 7 times as likely as non-Indigenous children to be receiving child protection services



Traumatic events



Effects of trauma



Mediating  
factors



broader and deeper understanding of complex  
trauma

the delivery of structured, tailored evidence-based  
interventions

enhancement of competencies of practitioners